Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/9/10</u>	Address:	2441 W 250 S LT 43	
Case #:	<u>24F32146</u>		WARSAW, IN 46580	
County:	<u>Kosciusko</u>			
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)				
Operation Chemic Dumpsi	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☑ Other:Backpack	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) \[\sum \text{Lithium/Ammonia Reaction(s): \overline{Outbuilding & Under trailer} \]				
Red Phosphorous/Iodine Reaction(s);				
⊠ Flammable Solvents: <u>B</u> ack <u>pack</u>				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: Backpack				
Corrosive Base: Backpack				
Other (item and location):				
	(0.1)			
☐ Yes _ ⊠No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e Information c/Pseudoephedrine Tracking Log erchant Tip w Enforcement	
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: Wa <u>rsaw FD</u>	Fax: <u>574-267-7962</u>		
Health Department: <u>K</u> os <u>ciusko County</u>			Fax: <u>(574) 269-2023</u> Fax:	
Child Protec	ction Service: <u>N/A</u>		•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Brandon McBrier Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.